Date Received	Amount Paid <u>\$200</u>	Check#	Permit #	
ADOME FOR OFFICE HEE ONLY				



CITY OF CHICOPEE BOARD OF HEALTH

APPLICATION FOR A BODY ART PRACTITIONER 2022

Chicopee Health Department 115 Baskin Drive, Chicopee, MA 01020 (413) 594-3557 See reverse for a list of required documents

Name of Practitioner				
Residential Address		Phone	Phone	
Mailing Address (If Different)				
Email Address		Date of Birth		
Current or Intended Place(s) of employ	ment as a Body Art Practitioner i	within the City of Chicopee:		
<u>Establishment Name</u>	<u>Address</u>	<u>Phone</u>	<u>#</u>	
Current Place(s) of employment as a Bo	ody Art Practitioner <i>outside</i> the C	City of Chicopee:		
Establishment Name Address		<u>Phone</u>	Phone #	
Body Arts to be practiced:				
☐ Tattoo ☐ Piercing	Cosmetic Tattoo (e.g., permano	ent cosmetics, micropigmentation, dermal pigmenta	tion)	
Body Art Practitioner Training: <u>Training</u> :	ining Provider/Location		Dates of Training	
Blood Borne Pathogen Training				
First Aid and CPR Training				
Skin Diseases and Conditions Course				
* Anatomy and Physiology Course				
	See reverse side for Cosmo	etic Tattooing requirements		
Body Art Practitioner Experience (All ap	oplicants must have a minimum of	f two years experience in the body art activities to b	e practiced):	
<u>Establishment Name</u>	<u>Address</u>	Phone #	Dates Employed	
APPLICATIONS MUST BE FILLED OUT COMPLET	ELY AND SUBMITTED WITH THE APPRO	PRIATE FORMS AND FEES. INCOMPLETE APPLICATIONS WILL	BE RETURNED.	
		O A \$100.00 LATE FEE. ANY FACILITY THAT HAS NOT SUBMITT MIT AND ORDERED TO CLOSE UNTIL ALL OF THE PROPER PAPE		
I hereby certify that the information provided Establishments and Practitioners. I agree to		egulations set forth in The City of Chicopee Rules and Regu f application submittal.	lations for Body Art	
SOCIAL SECURITY OR FEDERAL ID NUMBER		SIGNATURE OF APPLICANT		

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS

Required Documents

	lowing documents must be submitted with the Body Art Practitioner Application and fee. ations submitted without these documents will be returned to applicant.
	Copy of Photo Identification.
	Copies of all certifications and transcripts pertaining to required trainings.
	Copies of any current and/or previous Body Art Practitioner License held in other municipalities or states.
	Proof of a minimum of two years experience in performing body art activities. Will except as proof a combination of evidence, such as; a signed letter from a former employer, tax statements, paystubs and/or previous licenses. A letter of recommendation alone will not be accepted as proof of experience.
-	ed Documents for Cosmetic Tattooing (e.g., permanent cosmetics, micropigmentation, dermal nation)
certific	ants for permanent cosmetics (microblading, cosmetic tattooing, etc.) who do not have ations in <i>Anatomy and Physiology</i> and <i>Skin Diseases and Conditions</i> and/or do not meet the ence requirement, must provide one or more of the following for proof of training/experience:
	Certificate of completion/passing of a training course of at least 100 hours of instruction and certified/accredited by either the American Academy of Micropigmentation (AAM) of the Society of Permanent Cosmetic Professionals (SPCP). The applicant must also provide documentation of the training course including the training institution contact information, documentation of AAM or SPCP certification/accreditation, and a copy of the course curriculum (schedule or table of contents only, not complete materials)
	A signed letter from a Massachusetts-licensed body art practitioner stating that the applicant has completed at least 200 hours of apprenticeship, including 30 hours observing procedures being performed and performing at least 50 complete supervised procedures on clients.